PATENT

Attorney Docket No.: 9D-HL-25191

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Jon Arthur Roepke et al.

Group No.: 1792

Serial No.: 10/748,485

Examiner: Riggleman, Jason Paul

Filed:

December 30, 2003

For:

CLOTHES WASHER ADDITIVE DISPENSER APPARATUS AND

METHOD

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

TRANSMITTAL

1. Transmitted herewith is:

Transmittal (3 pages)

Request for Reconsideration in response to the final Office Action dated June 01, 2009 and Advisory Action dated August 13, 2009 (7 pages) Request for Continue Examination (RCE) (3 pages)

STATUS

2.	Applicant			
		claims small entity status.		
	\boxtimes	is other than a small entity		

EXTENSION OF TERM

3.	apply. (complete (a) or (b), as applicable)									
	(a)									
		Extension for response within:	Other than small entity Fee	Small entity Fee (if applicable)						
		first month	\$ 130.00	\$ 65.00						
		second month	\$ 490.00	\$ 245.00						
		third month	\$ 1,110.00	\$ 555.00						
		fourth month	\$1,730.00	\$ 865.00						
		fifth month	\$2,350.00	\$1,175.00						
			Fee:	\$						
If an additional extension of time is required, please consider this a petition therefor.										
(Check and complete the next item, if applicable)										
An extension of months has already been secured. The fee paid therefor \$ is deducted from the total fee due for the total months of extension now requested.										
	Extension fee due with this request \$									
	OR									
	(b) X Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.									

FEE FOR CLAIMS

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) (Col. 3)		SMALL ENTITY		OTHER THAN SMALL ENTITY		
			HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDITIONAL. RATE FEE	OR	ADDITIONAL RATE FEE		
TOTAL			MINUS		=	x \$26.00 = \$		x \$52.00 = \$	
INDEP.			MINUS		=	x \$110.00 = \$		x \$220.00 = \$	
	FIRST	PRESEN'	TATION OF	MULTIPLE DEP.	CLAIM	+ \$195.00 = \$		+ \$390.00 = \$	
					,	TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$	
	(a)	\boxtimes	No add	itional fee fo	r Claims i	s required			
					OR				
	(b)		Total a	dditional fee	for claims	s required \$			
				FEE	PAYME	NT			
5.		Attach	ed is a c	heck in the s	um of \$				
		Charge	e Deposi	t Account No	o. 01-2384	the sum of \$			
				FEE D	EFICIEN	ICY			
6.	\boxtimes	If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.							
				A	ND/OR				
	\boxtimes	If any 2384.	addition	al fee for cla	ims is req	uired, charge Deposi	t Acc	ount No. 01-	
7.		Other:							
					Er Re Al Or St	ic T. Krischke egistration No. 42,76 RMSTRONG TEAS ne Metropolitan Squa . Louis, MO 63102 4-621-5070	9 DAL		